Supervision of Students (Clinical)

Policy

Supervision in Anesthetizing Areas

1. Supervision in anesthetizing areas at clinical sites is limited to CRNA’s and anesthesiologists who are institutionally credentialed to practice and immediately available for consultation. Instruction by graduate registered nurse anesthetists, anesthesia assistants, or physician residents is never appropriate if they act as the sole agents responsible for the students.

2. Supervision ratio of students to instructor must be coordinated to ensure patient safety by taking into consideration: the complexity of the anesthetic and/or surgical procedure, the student’s knowledge and ability, the comorbidities associated with the patient and the experience of the clinical instructor. At no time does the number of students directly supervised by an individual clinical instructor exceed 2:1. There may be extenuating circumstances where supervision ratios may be exceeded for brief periods of time (e.g. life threatening situations); however, the program must demonstrate that this is a rare situation for which contingency plans are in place (e.g. additional CRNA or anesthesiologist called in, hospital diverts emergency cases to maximize patient safety).

3. Beginning SRNA (approximately month 1 – 6)
   - will be supervised 1:1 (assigned to an OR with a CRNA or anesthesiologist who has no other assignment).
   - Instructors may leave the operating room for brief periods (breaks, lunches) when assigned with a beginning student provided the patient's medical history and the operative course are uncomplicated

4. Experienced SRNA (approximately month 6 – 18)
   - SRNAs may be supervised 1:1 or 2:1 by a CRNA or anesthesiologist.
   - The decision to change the instruction ratio from 1:1 to 1:2 or leave the OR for periods of time is dependent on:
     a. Complexity of the anesthetic and/or surgical procedure
     b. Student’s knowledge and ability
     c. Comorbidities associated with the patient.
     c. Experience of the student and the instructor
   - The SRNA may be left alone in the operating room while providing an anesthetic at the discretion of the supervising CRNA or anesthesiologist. While the SRNA is alone, the supervising CRNA or anesthesiologist must be immediately available.
Supervision Outside Anesthetizing Areas

Students may participate in educational activities involving non-anesthetizing duties of a nurse anesthetist. These activities may include, but are not limited to, resuscitative services, pre and postoperative rounds, obtaining intravenous access, and respiratory and pain services rotations.

Clinical supervision in non-anesthetizing areas is restricted to credentialed experts who are authorized to assume responsibility for the student. This may include nurse anesthetists, anesthesiologists, other physicians, or registered nurses entitled by license, hospital credentialing, or job description to perform these duties. See COA Standards Glossary: Credentialed Expert.

See COA Standards Glossary: Clinical Supervision; See COA MSN Standard V E11, E12, E13; COA DNP Standard F5, F7 and F8

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